

Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention/Division of HIV/AIDS Prevention / Capacity
Building Branch and
Public Health Practice Program Office, Division of Laboratory Systems
2003 Rapid Testing for HIV Training Course Registration Form

Completion of this form indicates your intention to attend the course indicated. This registration will NOT be processed without your supervisor's signature. You will receive confirmation of enrollment when your registration is processed. **In order to have an accurate count of participants and to ensure your enrollment in the course, please return your completed registration form as soon as possible.** On-site registration may not be available for this course.

1. **Name:** _____
- Title:** _____
- Agency:** _____ **Paid Employee:** ___ Yes ___ No ___
- Address:** _____
- City/State/Zip:** _____
- Telephone/Day:** _____ **Evening:** _____
- Fax:** _____ **E-mail:** _____
- Type of Agency (check one):**
- | | | | |
|--|---|--|---|
| <input type="checkbox"/> State Health Dept. | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Indirectly Funded CBO |
| <input type="checkbox"/> Non-Governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections | <input type="checkbox"/> CDC Funded Demonstration Project |
| <input type="checkbox"/> National Org. | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Directly Funded CBO | <input type="checkbox"/> Other _____ |

2. Please mark up to two selections indicating a 1st and 2nd choice for the date(s) you are requesting. (Note: This course is intended for those who provide Rapid Testing for HIV *or* their supervisors.)

<input type="checkbox"/> November 17-19	Miami, FL	<input type="checkbox"/> December 2-4	Portland, OR
<input type="checkbox"/> November 18-20	Philadelphia, PA	<input type="checkbox"/> December 9-11	Boise, ID
<input type="checkbox"/> November 18-20	Dallas, TX	<input type="checkbox"/> December 9-11	Salt Lake City, UT
<input type="checkbox"/> December 2-4	Washington, DC	<input type="checkbox"/> December 16-18	Raleigh, NC
<input type="checkbox"/> December 2-4	Anchorage, AK	<input type="checkbox"/> December 16-18	Manchester, NH

***Additional courses are being planned for the following locations: Boston, MA; Kansas City, KS; Albuquerque, NM; St. Louis, MO

3. **SUPERVISOR'S SIGNATURE:** _____
 (Your supervisor MUST sign this form to indicate knowledge and agreement with your registration.)
4. **PROGRAM MANAGER/LAB DIRECTOR NAME:** _____ **TELEPHONE:** _____
 (Person listed on CLIA certificate if your agency has one)
- AGENCY ADDRESS:** _____ **CITY/STATE/ZIP:** _____
 (Required) (Required)

A CLIA Certificate of Waiver is NOT required to attend training. Please provide this information if available:

5. **CLIA CERTIFICATE NUMBER:** _____ **Or DATE OF CLIA CERTIFICATE APPLICATION:** _____

Please fax registration to 404-639-0944 (Attn: Theresa Folsom.) For registration, cancellation, course information or if you have a disability you would like us to accommodate for, please contact Theresa Folsom at 404-639-0982 or tfm0@cdc.gov.
 It is advised that you make travel arrangements after receiving confirmation of enrollment.
 Thank you!